



## CERTIFICATION PROGRAM & APPLICATION

### Certificate J: Videofluoroscopic Assessment & Management of Paediatric Disorders

#### APPLICANT INFORMATION [mandatory Full registration status]

Name:		Registration #	
Email or phone:			
Training/employment setting:			
Hospital   Outpatient   Agency   Private Clinic   School   Other			

*I hereby attest that, pursuant to Part 10 of the College Bylaws and as prescribed below, I have successfully completed the certificate program requirements for Certificate J within three years prior to the date of this application, and that the information in respect of the following knowledge, skills, and competency is accurate and complete.*

<b>Applicant Signature</b>	<b>Application Date</b>

#### SUPERVISOR INFORMATION [mandatory Full registration status and a holder of Certificate J, or other qualified health professional subject to approval]

1. Name:			
Contact email or phone:		Registration #	
Health Care Professional designation and Certificate J where available:			

<b>Supervisor Signature:</b>			
------------------------------	--	--	--

2. Name:			
Contact email or phone:		Registration #	
Health Care Professional designation and Certificate J where available:			

<b>Supervisor Signature:</b>			
------------------------------	--	--	--

<b>Fee:</b>	<p>\$50.00 per certificate to a maximum of \$100 regardless of the number of certificates held.</p> <p>Either 1) complete the application, including payment of fee, through the Registrant Portal of the CSHBC website, 2) remit a cheque with this form completed to CSHBC, 900 - 200 Granville Street, Vancouver, BC V6C 1S4, or 3) provide credit card information by phone (604.742.6380) and submit this completed form by email attachment to <a href="mailto:enquiries@cshbc.ca">enquiries@cshbc.ca</a>.</p>
-------------	--



***I am applying for (check all that apply):***

**CERTIFICATE J(a): Videofluoroscopic Assessment & Management of Paediatric Disorders for Swallowing Disorders**

**CERTIFICATE J(b): Videofluoroscopic Assessment & Management of Paediatric Disorders for Velopharyngeal Dysfunction**

**CERTIFICATE J(c): Videofluoroscopic Assessment & Management of Paediatric Disorders for Swallowing Disorders & Velopharyngeal Dysfunction**

## PRE-REQUISITES: CERTIFICATE J

The following PRE-REQUISITES are required prior to commencement of the CERTIFICATION PROGRAM objectives -- pre-requisite education/courses must have been completed within the past 7 years.

<b>Pre-requisite 1</b>	Full registration status as a Speech-Language Pathologist (RSLP).
<b>Pre-requisite 2</b>	Completion of a three-credit graduate-level course in general dysphagia (including VFSS) or an equivalent dysphagia course(s) (minimum 8 hours).
<b>Institution:</b>	
<b>Course Name:</b>	
<b>Date Completed:</b>	
<b><i>NOTE: For those without a graduate-level course but in current dysphagia practice for a minimum of 1 year (which includes clinical bedside assessments), specify the time, dates and type of experience.</i></b>	
<b>Dates:</b>	
<b>Time:</b>	
<b>Type of Experience:</b>	

## CERTIFICATION PROGRAM: CERTIFICATE J

**The CERTIFICATION PROGRAM is a progressive learning process that includes knowledge, clinical judgment, practical application of skills, and demonstrated competencies -- the program must be completed within three years.**

Program Objectives	Knowledge, Skills, and Demonstrated Competencies for Certification Program	
<b>Objective 1</b>	<b>Attain foundational knowledge for working with paediatric clients who require a VFSS</b>	<b>Supervisor initials</b>
1.1	Minimum one-year clinical experience with a relevant population Training may commence once the pre-requisites have been met	
1.2	Training setting allows for hands on practical experience with the relevant population	
1.3	Understands the role of SLP in the VFSS including the ability to provide an SLP diagnosis of the swallowing disorder	
1.4	Understands the roles and responsibilities of other team members in the provision of swallowing assessments including VFSS	
1.5	Understands universal infection control and food safety procedures	
<b>Objective 2</b>	<b>Attaining the background clinical knowledge for conducting VFSS</b>	<b>Supervisor initials</b>
2.1	Has the clinical background knowledge in Dysphagia and VFSS for paediatrics including: <ul style="list-style-type: none"> <li>▪ Knowledge of normal anatomy, physiology and neurophysiology</li> <li>▪ Knowledge of normal maturation and development</li> <li>▪ Ability to identify and describe normal and abnormal physiology for respiration, airway protection, and voice production and swallowing</li> <li>▪ Understanding of the relationship between respiration and swallowing</li> <li>▪ Experience in evaluation of the oral mechanism, motor speech disorders, voice and laryngeal function</li> <li>▪ Understands the causes, signs and symptoms of dysphagia</li> <li>▪ Ability to obtain a relevant case history: recognizes the risk for dysphagia through review of the medical history, patient diagnosis and current status</li> </ul>	

	<ul style="list-style-type: none"> <li>▪ Understands the signs and symptoms of dysphagia related to reflux, GERD, and esophageal dysmotility</li> <li>▪ Skill in clinical mealtime/oral motor &amp; swallowing assessments</li> <li>▪ Ability to recognize overt and subtle signs of dysphagia before and during oral intake</li> <li>▪ Understands the risks of poor oral intake and the risks of non-oral nutrition/hydration</li> <li>▪ Understands the need for optimal seating and positioning options</li> </ul>	
2.2	<p>Understands the foundational elements of a comprehensive VFSS including the effects of:</p> <ul style="list-style-type: none"> <li>▪ modifications in bolus presentation, order, size, taste and texture</li> <li>▪ sensory enhancement techniques</li> <li>▪ compensatory swallowing maneuvers</li> <li>▪ patient positioning and postural changes as they effect the swallow</li> <li>▪ thickeners used with the paediatric population</li> </ul>	
2.3	Understands the basis for VFSS procedures and rationale	
<b>Objective 3</b>	<b>Client candidacy and selection</b>	<b>Supervisor initials</b>
3.1	<p>Knowledge of when it is appropriate to recommend a VFSS including:</p> <ul style="list-style-type: none"> <li>▪ To answer questions which remain after the clinical assessment</li> <li>▪ To define abnormalities or confirm a change in swallowing function</li> <li>▪ To confirm or contribute to a suspected medical diagnosis</li> <li>▪ To identify and evaluate treatment and strategies that may enable the patient to eat safely and/or efficiently</li> </ul>	
3.2	<p>Demonstrates proficiency in client selection by:</p> <ul style="list-style-type: none"> <li>▪ Obtaining patient/client consent</li> <li>▪ Completing a detailed review of the client’s medical history prior to the clinical swallowing assessment</li> <li>▪ Completing an in-depth clinical/bedside swallowing assessment Forms a clinical impression regarding the overall nature, severity and causal factors of the oral, pharyngeal, laryngeal and /or esophageal swallowing impairment</li> <li>▪ Integrating clinical results with the medical history and current medical and cognitive status</li> </ul>	

3.3	<p>Ability to take into account each of the following as it relates to VFSS:</p> <ul style="list-style-type: none"> <li>▪ indications and contraindications</li> <li>▪ advantages and disadvantages</li> <li>▪ limitations</li> </ul>	
3.4	<p>Ability to recognize clients who will not tolerate, comply or benefit from the procedure</p>	
3.5	<p>Knowledge of other instrumental swallowing assessment tools, including their purpose and value and which one(s) is preferable in a given situation</p>	
3.6	<p>Knowledge of the risks, benefits and precautions specific to different patient/ client populations that the SLP may encounter in their work setting including but not limited to:</p> <ul style="list-style-type: none"> <li>▪ Premature infants</li> <li>▪ Developmentally delayed infants and children</li> <li>▪ Medically fragile or compromised infants and children (i.e. cardiac conditions, respiratory conditions)</li> <li>▪ Neurologically impaired (infants and children)</li> <li>▪ Infants and children having genetic syndromes</li> <li>▪ Infants and children having syndromes and/or oro-facial anomalies (including cleft lip &amp; palate)</li> <li>▪ Infants and children who are tube fed</li> <li>▪ Infants and children with a diagnosis of failure to thrive</li> <li>▪ Infants and children with gastro-intestinal dysfunction and conditions (i.e. short gut syndrome, tracheoesophageal fistula, esophageal atresia, GERD, EE)</li> <li>▪ Infants and children with other relevant and/or related medical conditions (i.e. laryngomalacia, tracheomalacia)</li> <li>▪ Oncology patients</li> <li>▪ Infants and children who have been previously NPO (e.g. ability to manage adequate oral volumes to complete the study)</li> </ul>	
3.7	<p>Demonstrates an understanding of risks associated with dysphagia management including:</p> <ul style="list-style-type: none"> <li>▪ Diet texture restrictions</li> <li>▪ Diet texture modifications</li> <li>▪ Honey thick and semi thick fluids</li> <li>▪ Quality of life</li> </ul>	
<b>Objective 4</b>	<b>Understands the assessment and diagnostic implications of the VFSS</b>	<b>Supervisor initials</b>
4.1	<p>Ability to describe and define the various types of swallowing disorder diagnoses</p>	

4.2	Ability to monitor possible adverse reactions during the examination and respond appropriately	
4.3	Understands the impact of the order of bolus presentation or modifications to the procedure if the patient appears unable to protect the airway even after the use of therapeutic intervention	
4.4	Ability to guide the bolus presentation based on patient performance, aspiration risks, abnormalities identified, and patient tolerance	
4.5	Ability to extrapolate findings from the VFSS and apply them; to predict performance during a meal	
4.6	Ability to recognize when results from the VFSS will not alter the patient's medical plan for oral intake and nutrition	
4.7	Knowledge of the risk of harm to the patient, including allergic reactions to food or contrast, dietary limitations or intolerances, acute respiratory distress and airway obstruction or choking related to airway penetration and aspiration	
4.8	Makes every effort to maximize patient safety during assessment and management procedures	
4.9	Performs VFSS efficiently. Steps are taken to avoid unnecessary or excessive radiation exposure. Understands the risks and acceptable exposure to radiation at each developmental stage	
4.10	When risks are high, obtains advice from the most responsible physician, radiologist or patient care team member as appropriate. Ensures that medical assistance is available should choking or an adverse event occur	
4.11	Consults as needed with the Radiation Protection Officer at their institution to ensure that they are in compliance with all procedures	
4.12	Understands that the study should be recorded to allow post-examination replay and analysis by the SLP and other professionals and for patient / family consultation	
4.13	Understands the temporal resolution requirements of the recording for sufficient capture of important events in the study	
4.14	Understands of the instrumental requirements to record the study	
4.15	Ability to identify anatomical landmarks viewed laterally and in the Anterior – Posterior position, fluoroscopically	
4.16	Ability to follow test protocols which are adapted appropriately for each client	
<b>Objective 5</b>	<b>To perform the VFSS independently</b>	<b>Supervisor initials</b>

5.1	<ul style="list-style-type: none"> <li>▪ Completion of education, which may be a: workshop, course, webinar, DVD or a combination, in the methodology, use and interpretation of VFSS</li> <li>▪ A minimum of 5 hours is required, of which a minimum 2 hours must be specific to paediatrics</li> </ul> <p><b>* Certificate or proof of completion is required</b></p>	
5.2	<ul style="list-style-type: none"> <li>▪ Completion of a minimum of 3 observations of paediatric VFSS</li> <li>▪ These case studies must include: a review of the patient's medical history, clinical/bedside assessment results, rationale for the VFSS, interpretation, recommendations and planning after the study</li> <li>▪ At least one of the observations must be of a qualified SLP performing a VFSS</li> </ul>	
5.3	<ul style="list-style-type: none"> <li>▪ Completion of a minimum of 5 paediatric VFSS under constant supervision by a qualified SLP, with the supervisor/applicant discretion to complete up to 5 additional studies. Please note how many studies were required:</li> </ul> <p><b>NOTE: Supervision' begins with review of the clinical /bedside swallow assessment findings and rationale / goals for the VFSS. It continues through the VFSS decisions, design and implementation, review of the recorded results and their interpretation, recommendations, report writing, issuing other referrals, and client, family, staff communication and teaching.</b></p>	
5.4	<ul style="list-style-type: none"> <li>▪ Completion of a minimum of 10 paediatric VFSS under general supervision with a qualified SLP</li> </ul> <p><b>NOTE: For those SLPs who also hold a valid Certificate I, the minimum number of studies under general supervision is 5.</b></p>	
5.5	Prepares and instructs the child and family for the procedure	
5.6	Prepares or obtains standard bolus types and viscosities with barium, according to facility protocol and as appropriate based on a recent swallowing assessment	
5.7	Ability to modify and tailor the procedures according to the child's needs	
5.8	Presents bolus types in a calibrated and consistent pattern. Bolus presentation is guided by patient performance, aspiration risks, abnormalities identified, and patient tolerance	
5.9	Demonstrates good clinical judgment to determine the order of bolus presentation or modifications to the procedure if the patient appears unable to protect the airway even after the use of therapeutic intervention	

5.10	Accurately evaluates the integrity of airway protection before, during and after swallowing	
5.11	Accurately describes swallow physiology and identifies appropriate therapeutic and / or management procedures and can align physiology with recommendations	
5.12	Accurately evaluates the effectiveness of postures, maneuvers, bolus modification and sensory enhancement techniques	
5.13	Understands when to terminate the study	
5.14	Accurately assesses swallow efficiency and safety	
5.15	Adapts the VFSS to the cognitive - communication, behavioural and psychosocial issues that may impact feeding/swallowing or participation in the study	
5.16	Recognizes the need for referrals (e.g. potential anatomical and or esophageal function abnormalities) to a physician for interpretation as appropriate	
<b>Objective 6</b>	<b>To accurately interpret the VFSS results</b>	<b>Supervisor initials</b>
6.1	Determines safety and efficiency of oral nutrition and hydration	
6.2	Applies current knowledge of best practice and evidence-based practice to VFSS interpretation	
6.3	Completes careful analysis of the study to ensure correct interpretation	
6.4	Recognizes the physical signs of dysphagia including but not limited to: premature spillage, pharyngeal residue, laryngeal penetration and tracheal aspiration	
6.5	Recognizes abnormal patterns and symptoms of oropharyngeal dysphagia	
6.6	Accurately describes the client's mechanical, durational and temporal aspects of the swallow	
6.7	Understands the impact of body, head and neck posturing on the patient's swallow	
<b>Objective 7</b>	<b>To document and plan follow-up management</b>	<b>Supervisor Initials</b>
7.1	Provides accurate, collaborative and individualized recommendations	
7.2	Includes recommendations for interventions, further referrals, and SLP reassessment	



7.3	Integrates the individual's quality of life, religious/ ethical /cultural preferences and attitudes with regards to eating and diet	
7.4	Demonstrates understanding of end-of-life care	
7.5	Encourages the patient's active participation in dysphagia intervention	
7.6	Ensures that diet texture modifications are effective and necessary	
7.7	Recognizes indications for behavioural and environmental, prosthetic, surgical, and pharmaceutical compensatory management techniques	
7.8	Recognizes indications for rehabilitative treatment techniques	
7.9	Recommends therapeutic interventions for meals (e.g. bolus size, postural changes)	
7.10	Determines and provides a management plan and necessary referrals	
7.11	Recommends positioning during and after meals	
7.12	Recommends safe feeding precautions	
7.13	Identifies the need for and timing of re-assessment	
7.14	Provides a prognostic statement where applicable	
7.15	Provides complete, clear documentation and recommendations in a timely manner to ensure patient safety	
7.16	Collaborates with members of the inter-professional care team regarding care and management	
7.17	Ensures that postural modifications and breath control techniques are safe, necessary and beneficial and not harmful or contraindicated	
7.18	<p>Provides education and counselling:</p> <ul style="list-style-type: none"> <li>▪ Demonstrates clear effective education and discussion of the VFSS results, care plans, recommendations and any risks of harm that are judged to exist, with clients/patients and their caregivers</li> <li>▪ Provides information on danger signs that may reflect a worsening or improvement of dysphagia therefore referral to SLP</li> </ul>	
7.19	Monitors and changes the dysphagia management plan as needed	
<b>Extensions:</b>	<b>By mutual agreement between the supervisor and trainee, any or all objectives may be extended beyond minimum requirements. Please note any extensions by objective number including objective 5.3</b>	



Objectives extended?

YES

NO

If yes, which  
objectives were  
extended?

### CSHBC RELATED DOCUMENTS

*Certified Practice (SOP-PROF-06)*

*Approved Certification Programs (POL-QA-04)*

*Infection Prevention and Control Guidelines for Audiology (ACPG-08)*

*Supervision (SOP-PRAC-07)*

---

## **APPENDIX A: RECOMMENDED LEARNING RESOURCES**

### **GENERAL RESOURCES**

- Arvedson, J.C. (2006). *Interpretation of videofluoroscopic swallow studies of infants and children*. NSSNRS, Gaylord, MI. (Study guide of pediatric VFSS for practice)
- Arvedson, J.C. and Brodsky, L. (2002). *Pediatric Swallowing and Feeding: Assessment and Management. 2nd Edition*. Thomson Learning, Albany.
- Arvedson, J.C. and Lefton-Greif, M.A. (1998) *Pediatric videofluoroscopic swallow studies: A professional manual with caregiver guidelines* San Antonio, TX: Communication Skill Builders,
- ASHA (2004). [Guidelines for Speech-Language Pathologists performing videofluoroscopic swallowing studies](#).
- Breton, Suzanne; Brookes, Nicola and Marcus, Sherna (1999) *OT's guide to pediatric videofluoroscopy / - [San Antonio, TX] Therapy Skill Builders,*
- Groher, M. E. (1997). *Dysphagia: Diagnosis and Management. 3rd Edition*. Butterworth-Heinemann, Boston.
- Langdon, C., Jardine, K. and Cichero, J. (2013) *The essential dysphagia handbook: Real life decisions, MindMapPing & more* Lexington, KY: [Dysphagia Research Australia]
- Logemann, J.A. (1993). *Manual for the videofluorographic study of swallowing: Second Edition*. Austin, TX: Pro-Ed, Inc.
- Logemann, J.A. (1998). *Evaluation and Treatment of Swallowing Disorders, 2nd Edition*
- Logemann, J.A. (1997). *Role of the modified barium swallow in management of patients with dysphagia*. *Otolaryngology Head and Neck Surgery* -, 116(3), 335-338.
- Marcus, S. and Breton, S. (2013). *Infant and child feeding and swallowing: Occupational therapy assessment and intervention*. Bethesda, MD: AOTA Press.
- Peladeau-Pigeon, M. and Steele, C. (2013). *Technical Aspects of a Videofluoroscopic Swallowing Study*. *Canadian Journal of Speech-Language Pathology and Audiology*, 37, 3,216-226.
- Rosenbek, J. C., Robbins, J. A., Roecker, E. B., Coyle, J. L., and Wood, J. L. (1996). *A penetration-aspiration scale*. *Dysphagia*, 11, 93-98.
- Wolf, L.S. and Glass, R.P. (1992). *Feeding and Swallowing Disorders in Infancy: Assessment and Management*. Therapy Skill Builders, San Antonio.

## ADDITIONAL RESOURCES

### VIDEO COURSES, WEBINARS, & WEBSITES

Child Development and Rehabilitation website: [Feeding and Nutrition](#)

GI Motility online: [Paediatric section](#)

Sunny Hill Health Centre for Children: Pediatric feeding online modules

[International Dysphagia Diet Initiative](#)

Northern Speech Services

Speech Pathology.com:

[Children and Feeding Tubes](#)

[Working as a Team Member in the NICU: A focus on feeding and swallowing](#)

[Assessing Children with Dysphagia: A Case-based Introduction](#)

[Intervention for Children with Dysphagia](#)

[Outcomes of Children Prenatally Exposed to Drugs: Implications for Intervention](#)

[Bolus Management Intervention in Pediatric Feeding Disorders](#)